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CHALLENGE TB



Challenge TB - Tajikistan
Year 1
Annual Report
October 1, 2014 – September 30, 2015

October 30, 2015

Cover photo: Data collection team during the situation assessment of DR-TB patients, Dushanbe City TB control Centre, July, 2015, photo made by Saodat Qosimova, KNCV Technical Officer.

This report was made possible through the support for Challenge TB provided by the United States Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-14-00029.

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List of Abbreviations and Acronyms

ACF	Allocable Cost Factor
APA 1	Annual Plan of Activities for year 1
ART	Antiretroviral therapy
BDQ	Bedaquiline
CO	Central Office
DOTS	Directly Observed Treatment Short course
DRS	Drug Resistance Survey
DR TB	Drug Resistant TB
DLM	Delamanid
e-LMIS	Electronic Logistic Management System
FLD	First Line Drugs
HSS	Health Systems strengthening
HIV	Human Immunodeficiency Virus
IC	Infection control
ITHC	Integrated TB-HIV care
Global Fund	The Global Fund To Fight AIDS, Tuberculosis and Malaria
KNCV	KNCV Tuberculosis Foundation
LMIS	Logistic Management System
MDR-TB	Multidrug Resistant TB
M&E	Monitoring and Evaluation
MSF	Médecins Sans Frontières
MOHSPP RT	Ministry of Health and Social Protection of Population of the Republic of Tajikistan
NFM	New Funding Mechanism
NTP	National Tuberculosis Program
NSP	National Strategic Plan
OR	Operations Research
PMDT	Programmatic Management of Drug Resistant TB
PMU	Project Management Unit
PR	Principal Recipient
PV	Pharmacovigilance
R&R	Recording and Reporting
RCC	Rolling Continuation Chanel
SLD	Second Line Drugs
TB	Tuberculosis
TFM	Transitional Funding Mechanism
The Union	The International Union Against TB and Lung Disease
SOP	Standard Operating Procedures
SoW	Scope of Work
TWG	Thematic Working Group
UNDP	United National Development Programs
USAID	United States Agency for International Development
XDR-TB	Extensively drug-resistant TB
WHO	World Health Organization

1. Executive Summary

In Tajikistan, the USAID funded Challenge TB (CTB) project's implementation has started since June 2015 and is led by KNCV Tuberculosis Foundation (KNCV). CTB aims to provide support to the National Tuberculosis Program (NTP) for further strengthening of the tuberculosis (TB) interventions, ensuring delivery of high quality services related to the adequate preparation and implementation of new drugs and shortened multi-drug resistant TB (MDR-TB treatment regimens in the context of the National Strategic Plan (NSP) for 2015-2020.

The project is implemented in the framework of the Memorandum of Understanding between KNCV Branch office in Tajikistan and Ministry of Health and Social Protection of Population of the Republic of Tajikistan. The project works at the national as well as at the pilot site levels (Dushanbe city, covering 770,000 population). For sustainability and capacity building Challenge TB project works in close collaboration with NTP, WHO Country Office, international partners and projects: USAID TB Control Program, Global Fund projects (TFM/UNDP and RCC/R3/Project HOPE) and MSF. In APA1, USD 475,000 was obligated to support Challenge TB in Tajikistan.

The overall 5-year strategy of CTB is to improve capacity and quality of care for drug-resistant TB patients with the focus on new tools and innovations. In year 1, Challenge TB focused on the building of NTP's capacity for management and implementation of shorter treatment regimens and new TB drugs, creating appropriate conditions and preparing the NTP to meet the WHO's requirements for the introduction of new TB drugs. Also, CTB implements activities on improvement of TB drug management by strengthening of logistic management information system (LMIS) and further introduction of the Early warning system with using QuanTB.

The Challenge TB year 1 work plan was approved by USAID in June 2015, therefore not all activities were implemented by September 2015.

Below is a summary of five key results of the Challenge TB project in year 1 in Tajikistan:

- Developed 2 databases of MDR-TB patients: 1) eligible for shortened regimens and; 2) eligible for new drugs; these databases will be used for drugs' calculation to be procured through the GF NFM. For this, KNCV consultants conducted assessment of DR-TB patients detected in 2014 and in the first 6 months of 2015. The main focus of the assessment was to analyze the information of DR-TB patients who interrupted or failed treatment in the past.
- Drafted a plan for introduction of shortened regimens and new drugs based on the results of assessment of the M/XDR-TB situation and preparedness of the NTP for implementation of shortened regimens and new drugs. This document includes a detailed plan of activities for preparation and implementation, responsible parties and timeframe. In Y2 the national plan will be finalized and submitted to the NTP/MOHSP for approval.
- Defined pilot site and next steps for implementation of new regimens in year 2 (development of optimized case management model in pilot site, revision of diagnostic algorithms, development of clinical and OR protocols and SOPs, trainings for TB clinicians and nurses).
- Drafted a framework and defined next steps for introduction of a Pharmacovigilance (PV) system in TB service, including development of regulatory system for proper clinical monitoring of side-effects of anti-TB drugs. CTB supported an assessment of the current PV system in TB service.

- Established a Thematic Working Group (TWG) on PV. A Scope of Work (SoW) and list of TWG members was developed during the round table on introduction of PV in health facilities in September 16, 2015. During the round table, the main steps for reinforcing spontaneous reporting by health care institutions and providers involved in TB case management, and procedures for introduction of the active PV into the MDR-TB treatment program were discussed with key specialists of MOH, NTP, State Agency on control for pharmaceutical activities, National Centre of pulmonary diseases, TB and thoracic surgery as well as TB Control Centres of Dushanbe City and Rudaki District.

1. Introduction

Tajikistan has a population of nearly 8 million people. Females constitute 49.4% of the Tajikistan's population while 10.5% are children aged 0-14 year. According to the World Health Organization (WHO) report published in 2014, the estimated TB incidence in Tajikistan was 100 per 100,000 population in 2013, which is the fifth highest level of TB burden among 53 countries of the WHO European Region. The estimated TB mortality rate (excluding TB/HIV cases) in 2013 was 6.9 per 100,000 population. The high burden of anti-TB drug resistance is one of the key challenges in Tajikistan. The national Drug Resistance Survey (DRS) conducted in 2010-2011 reported 12.5% MDR-TB among new culture-positive TB cases and 53.6% among re-treatment cases. Also, the DRS revealed a prevalence of 10% of extensively-drug resistant (XDR)-TB among MDR-TB cases that were tested for resistance to SLDs. According to the Tajikistan National Strategic Plan (NSP), over the next six years (2015-2020), about 42,870 of all forms of TB cases will need anti-TB treatment in Tajikistan. Out of these, over 5,840 cases are expected to have advanced drug resistance (M/XDR-TB) and will thus require second-line and third-line TB drugs. The NSP aims to reach universal treatment coverage for MDR-TB (including XDR-TB) by the year 2020 (i.e. coverage of at least 90-95% of the estimated total need). The approaches currently used for treatment of MDR-TB require a long-term period (20 months and more), are difficult to implement and also require great financial and human resources. It is also very difficult for patients to accept the hardship to tolerate treatment for the duration of 2 years. High levels of treatment interruption and patients reported as *lost to follow-up* are adversely affecting the final treatment outcomes, and may lead to development and spread of extensively resistant TB.

Taking into account the above mentioned, the 5-year strategy of CTB in Tajikistan is to improve capacity and quality of care for drug-resistant TB patients with the focus on new tools and innovations. In Year 1, the priority areas of Challenge TB project were: introduction of shortened regimens and regimens containing new drugs, including introduction of adequate pharmacovigilance systems as well as improvement of the management of TB medicines through building NTP's capacity on drug management and implementation of Early Warning System by using QuanTB at all supply chain levels.

CTB activities are implemented in the pilot site (Dushanbe city, capital of Tajikistan, covering 770,000 population). KNCV Tuberculosis Foundation (KNCV) is the leading partner of the project in Tajikistan. CTB works in close collaboration with MoHSPP, National TB Control Program, USAID, Project HOPE, MSF, WHO Country Office and Global Fund's projects (TFM/UNDP and RCC/R3/Project HOPE).

In spite of the fact that the project started in June 2015, the majority of activities planned in the first project year under Objective 1 (sub-objective 3) were implemented. As for the activities planned under Objective 3 (sub-objective 9), these were not implemented due to the time limitation and are now planned under the annual plan of activities for the second year (APA2).

2. Country Achievements by Objective/Sub-Objective

Objective 1. Improved Access

Under Objective 1, Challenge TB Project in Tajikistan implemented activities in Sub-objective 3.

Sub-objective 3. Patient-centered care and treatment

In Year 1, the project implemented activities related to the introduction of shortened regimens and regimens containing new drugs (including adequate PV system). CTB project in Tajikistan is focusing

on this sub-objective because currently in Tajikistan a standard treatment regimen is used for all patients with MDR TB while the vast majority of MDR-TB patients (approximately 85% without additional resistance to key SLDs) could be eligible for a shortened and more convenient and cheaper treatment regimen and continue their treatment with use of repurposed drugs during the shorter time. For the remaining cases with wider resistance (pre-XDR, XDR-TB), the regimens containing group 5 drugs (including new TB drugs such as bedaquiline (BDQ) and delamanid (DLM)) can be introduced to improve treatment success rates among this group and thus stop or reduce XDR-amplification and transmission.

A special emphasis was made on improvement of a PV system for anti-TB drugs, as part of the overall pharmacovigilance system in the country. Therefore, in addition to reinforcing spontaneous reporting by health care institutions and providers involved in the management of TB cases, KNCV started implementation of activities with the aim to incorporate active pharmacovigilance into the MDR-TB treatment program. This will contribute not only to effective post-marketing surveillance of the medicines, but it will also strengthen NTP's capacity to improve the management of adverse drug reactions, thus reducing the risks of treatment interruption and failure because of these reactions.

Key Results

- CTB conducted a situational assessment of drug-resistant TB patients detected and enrolled into treatment in 2014 and the first 6 months of 2015 with the aim to collect and analyse information on DR-TB patients, who interrupted and failed treatment in the past. The assessment was conducted by Maria Idrissova, Regional TB Advisor, and KNCV Tajikistan local staff on June 29 – July 03, 2015. During the assessment, the responsible NTP specialists (national coordinators on laboratory, MDR-TB and M&E) were trained on data collection, processing and data collection tool, which was developed prior to the assessment. Data collection was conducted by trained specialists in all regions of the country starting from the middle of August till the first week of September. Collected data were used for development of 2 registries and selection of MDR-TB patients eligible for treatment with (a) shortened regimens and (b) regimens containing new anti-TB drugs. Hereafter, these registries will be used for calculation of demand of medicines for new regimens, the procurement of which is planned in framework of the GF project (NFM). Also, these registries will be used for preparation of patients' lists for their inclusion to the new treatment regimens in project pilot sites.
- A draft plan for introduction of shortened regimens and new drugs was developed by CTB jointly with NTP specialists. The process of draft development was initiated during the Regional Workshop on *Identifying priority actions for introduction of shortened regimens and new drugs for MDR-TB treatment* (July 15–17, 2015, Almaty, Kazakhstan), where 8 key NTP specialists participated. The draft was finalized based on the results of the assessment of the M/XDR-TB situation and an assessment mission. This document includes detailed plan of activities which should be implemented before and during the process of introduction of new drugs and shortened regimens, as well as responsible parties and timeframe. The draft plan will be presented for the final discussion to all involved parties before being submitted to NTP/MOH for approval in year 2.
- Assessment of the M/XDR-TB situation and readiness of NTP for implementation of shortened regimens and new drugs was conducted by Dr. Gunta Dravniece, KNCV CO PMDT consultant, Maria Idrissova, Regional TB Advisor and KNCV Tajikistan local staff in September 06–17, 2015. During this 3rd assessment mission, the team focused on the clinical management of MDR-TB patients, the flow of information, the clinical pathways, DR-TB diagnostics and treatment for adults

and children. As a result of the assessment, a pilot site (Dushanbe city) for introduction of short regimens and new drugs was selected and the next steps on implementation of new regimens were defined. These steps include some activities which will be implemented by Challenge TB during the second project year: development of optimized case management model in pilot sites, revision of diagnostic algorithms, development of clinical and OR protocols, SOPs for introduction of shortened MDR regimens and new drugs under OR conditions as well as training clinicians and nurses.

- A PV framework and next steps for implementation of PV system in facilities of TB service was defined. This was done based on the results of the assessment of existing PV system, which was carried out by a CTB team (Suzanne Verver, senior epidemiologist; KNCV CO, Svetlana Pak, Regional Technical Director, KNCV RO; Nick Blok, MD, junior consultant; KNCV CO and KNCV-Tajikistan local staff) on July 27 - August 01, 2015. The mission revealed that the current system of monitoring of the adverse events is not sufficient for introduction of new drugs/regimens, since there is no systematic registration of adverse events and limited availability of relevant baseline and monitoring investigations. Assessment findings and recommendations will be also used for development of a regulatory base as well as a system for proper clinical monitoring of side effects of anti-TB drugs.
- A Thematic Working Group on PV was established, a Scope of work (SoW) and list of TWG members were developed during the round table on introduction of pharmacovigilance system in health facilities of the TB service conducted in September 16, 2015. The main steps on reinforcing reporting by health care institutions and providers involved in the management of TB cases, and procedures on introduction of the active pharmacovigilance into the MDR-TB treatment program were discussed with key specialists of MOH, NTP, State Agency on control for pharmaceutical activities, National Centre of pulmonary diseases, TB and thoracic surgery as well as TB Control Centres of Dushanbe City and Rudaki District.



Photo 1. Round table on introduction of pharmacovigilance system in health care facilities of the TB service, Dushanbe city, September 16, 2015



Photo 2. Data collection during the situation assessment of DR-TB patients detected, enrolled into treatment in 2014 and 6 months of 2015, Dushanbe City TB control Centre, July, 2015



Photo 3. Assessment of the M/XDR-TB situation and readiness of NTP for implementation of shortened regimens and new drugs, meeting with head of National Reference Laboratory, September 06-17, 2015

#	Outcome Indicators	Indicator Definition	Baseline (Year/ timeframe)	Target	Result
				Y1	Y1
1	3.2.28 # of patients with non-complicated MDR-TB enrolled for treatment with shortened (9-month) regimens	Number of patients with non-complicated MDR-TB who were selected and enrolled for treatment with shortened (9-month) regimens in CTB area	0	0	0
2	3.2.29 # of patients with pre-XDR-TB and XDR-TB enrolled for treatment with regimens containing new TB drugs	Number of patients with pre-XDR-TB and XDR-TB who was selected and enrolled for treatment with regimens containing new TB drugs in CTB area	5 (XDR-TB patients enrolled into treatment in 2014 with MSF support)	5	0 (the target was not achieved because selection of pre-XDR-TB and XDR-TB patients is planned to start in 2016 according to the NTP plan)

Objective 3. Strengthened TB Platforms

Sub-objective 9. Drug and commodity management systems

The strategy of the Challenge TB Project in Tajikistan under this Sub-objective is to improve management of TB medicines through building NTP's capacity on drug management and implementation of an Early Warning System by using of QuanTB at all supply chain levels.

In Y1, CTB planned activities for improvement of skills of drug management specialists on LMIS for FLD and SLD (3 LMIS trainings for drug management specialists from Soghd region and GBAO and 2 monitoring visits). Given the limited timeframe, the project still managed to make significant progress

on Objective 1, which was not the case for Objective 3 (sub-objective 9), moreover there was no activities done in this sub-objective.

#	Outcome Indicators	Indicator Definition	Baseline (Year/ timeframe)	Target	Result
				Y1	Y1
1	9.1.1 # of stock outs per year of second-line anti-TB drugs at provincial level	This indicator is used to report the number of stockouts of any type of TB drug at any level of the health system that results in interruption of treatment.	Will be collected by Q3	TBD (the baseline for this indicator was not collected due to short time of the project implementation in Y1)	Data not available

3. Challenge TB Support to Global Fund Implementation

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., Tuberculosis NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
Grant TAJ-809-G09-T, obtained in Round 8 and extended through TFM – UNDP	B1	B2	\$47,133,615	\$43,154,441	\$35,658,185 (2014)
Grant TAJ-607-G06-T – UNDP – administratively closed	B1	B1	\$6,527,347	\$6,527,347	5,184,525 (2009)
Grant TAJ-304-G02-T, obtained in Round 2 and extended through RCC I and II – Project HOPE	B1	A2	\$12,398,456	\$11,700,547	\$10,426,637 (2014)
Total			\$66,059,418	\$61,382,335	\$51,269,347

* Since January 2010

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

Currently, two Global Fund TB grants are implemented: 1) Grant TAJ-809-G09-T (obtained in Round 8 and extended through TFM; PR: UNDP) and; 2) Grant TAJ-304-G02-T (obtained in Round 2 and extended through RCC I and II; PR: Project HOPE Tajikistan). The end date of both grants is 31 December 2015. The Republican Center of TB (RCTC) and Project HOPE Tajikistan have been nominated by the CCM as the Principal Recipients (PR) in the NFM grant application.

The NFM application aims at upholding the priorities of the ongoing GF assistance through supporting the key directions set forth in the National TB Strategic Plan 2015-2020. The new grant will expand the scope of interventions to ensure sustainable and universal access to quality diagnosis and treatment of all forms of TB (including implementation of new technologies and drugs), supporting the patients through the implementation of patient-centered community-based care, with active involvement of non-state actors and special focus on high-risk and vulnerable populations (prisoners and ex-prisoners, migrants, patients with TB/HIV).

Interventions proposed under the NFM application have been designed to support the priorities of the NSP. The NSP and NFM application were developed based on comprehensive analyses of program needs for the coming years and their coverage under the existing and planned funding from both governmental and external sources. The process has been carried in a transparent, cooperative and participatory manner, through a country dialogue involving relevant governmental entities, international agencies and civil society, with the aim to avoid overlapping of activities, as well as to ensure that all priority interventions are covered by either domestic or external resources. The intermediate and final drafts of both NSP and NFM application were reviewed by WHO and submitted to GF for further consideration.

Challenge TB involvement in GF support/implementation, any actions taken during Year 1

During Y1 of Challenge TB Project and planning of Year 2 work plan, KNCV met with both Principal Recipients (Project HOPE and NTP) of GF projects to coordinate activities related to treatment of M/XDR-TB patients. It was agreed that second-line drugs, new (BDQ) and repurposed drugs (Linezolid (Lnz) and Clofazimin (Cfz)) will be procured for 50 XDR-TB patients through the NFM; and Challenge TB will create a necessary system for proper introduction of new drugs and new regimens in line with WHO requirements.

It is anticipated that the grant agreement between GF and PRs will be signed after approval of the submitted NFM application at the beginning of 2016. In case of delay of this grant signing, the consequent delay in procurement of new and repurposed drugs and starting of MDR TB patients' treatment may occur.

4. Challenge TB Success Story

Because of the short period of Challenge TB project implementation KNCV has limited time to implement all planned for Y1 activities; consequently it was not possible to track the interventions and their results for compilation of a success story.

5. Operations Research

KNCV did not conduct any activity related to OR.

6. Key Challenges during Implementation and Actions to Overcome Them

There were no significant challenges during project implementation which could influence the project. However, some of the minor challenges are listed below:

- Implementation of Challenge TB Project in Tajikistan started with delay, so the implementation of activities became possible since June 2015. Some activities, which were not implemented in APA 1, were carried over to the second project year.

- Several activities on introduction of new drugs were included into the work plan of another USAID Project (TB Control Program, implemented by Project HOPE) earlier. KNCV specialists organized the meeting with the manager and specialists of this project to discuss coordination and avoiding duplication. As a result, it was decided that the activities connected with introduction of new drugs, will be not included to the working plan of USAID TB control Program for the year 2.
- At the time of project start the local specialists were not recruited yet because the process took time due to the limited available human resources meeting the requirements for the technical staff. In spite of this, the KNCV Country, Regional and Central Offices staff tried all their best to assure a smooth implementation of planned activities.

7. Lessons Learnt/ Next Steps

One of the most important lessons learnt is understanding that the process of implementation of new drugs and regimens requires the establishment of close collaboration and proper coordination of all involved parties as for achievement of good results so for avoiding of activities' duplication.

During the second year the project will continue on the trajectory of introduction of new drugs and short treatment regimens as well as activities on improvement of drug management. The entire process is likely to take 2-3 years before new drugs and regimens are implemented under the (WHO) required conditions and have demonstrated the impact that is being expected and expressed in a high treatment success rate.

Some activities, which were not implemented in APA 1, are carried over to APA 2 and will be implemented in the framework of second project year:

- *Activity 3.2.3 Workshop on development of the Clinical protocols for treatment of non-complicated MDR-TB cases will be carried over to APA2 (where budgeted under 3.2.2).*
- *Activity 3.2.4 Training for TB specialists and nurses from selected TB facilities on clinical management of the M/XDR- TB cases will be carried over to APA2 (where budgeted under 3.2.8).*
- *Activity 9.1.1 Regular supervision visits to pilots (Soghd region) and monitoring of the timely submission of the QuanTB drug related data is postponed, and will be carried over to APA2 (where budgeted under 9.1.1).*
- *Activity 9.1.2 LMIS trainings (FLD and SLD) for health providers is also postponed and will be included in APA2 (as activity 9.1.2).*

Annex I: Year 1 Results on Mandatory Indicators

MANDATORY Indicators				
<i>Please provide data for the following mandatory indicators:</i>				
2.1.2 A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	National APA 1	CTB APA 1	CTB APA 1 investment	Additional Information/Comments
Score as of September 30, 2015	0	N/A	None	There is no TB lab strategic plan developed in the country. There have been several intensions to draft this plan by different projects (Expand TB). The development of this plan will not be supported by CTB as this activity will be covered by another partner organization.
2.2.6 Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System	National APA 1	CTB APA 1	CTB APA 1 investment	Additional Information/Comments
Number and percent as of September 30, 2015	0 (0%)	N/A	None	There is 1 NRL Laboratory in the country, the LQMS was not implemented there.
2.2.7 Number of GLI-approved TB microscopy network standards met	National APA 1	CTB APA 1	CTB APA 1 investment	Additional Information/Comments
Total number of standards met (NE=not evaluated, 0=no standards have been met, etc.).	3	N/A	None	3 standards (5,6,11) are met.
2.3.1 Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	National APA 1	CTB APA 1	CTB APA 1 investment	Additional Information/Comments

Percent	23% (1154/5017) of new cases were tested for DR (culture DST); 11.3% (141/1243) of previously treated were tested for DR (culture DST); Total: 20.7% (1295/6260) of total cases who were tested for DR (culture DST)	35.3% (160/ 453) of new cases were tested for DR (culture DST) 52% (24/ 46) of retreatment cases were tested for DR (culture DST) Total: 36.8% (184/ 499) of total cases were tested for DR (culture DST)	Limited	Number of new/retreatment TB cases with genotypic testing (Xpert and molecular DST by GeneXpert, LPA or other molecular technologies) is not available because NTP does not collect these data. Each patient can have several methods of susceptibility testing. The program does not collect the data on DST coverage by each method yet. For Xpert – this is the number of tests performed. This may include several tests for one patient
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach	National APA 1	CTB APA 1	CTB APA 1 investment	Additional Information/Comments
Number and percent	General population - 6,260 M - 3,478 (55.47%); F - 2,782 (44.37%) Prison -160 M - 158 (98.75%); F - 2 (1.25%)	General population - 538 M - 276 (51.3%); F -262 (48.7%) Prison - 7 M -7 (100%), F -0 (0%)	Limited	Only limited activities were done in Y1, substantial investments are planned for Y2

	Civilian population - 6,100 M - 3320 (54.43%); F - 2780 (45.57%) Children -481 (7.68%)	Civilian population - 531 M - 269 (50.7%) F -262 (49.3%) Children - 65 (12.1%)		
3.1.4. Number of MDR-TB cases detected	National APA 1	CTB APA 1	CTB APA 1 investment	Additional Information/Comments
Number	National (2014) - detected 902, enrolled into treatment 804	CTB area (2014) - 98 detected and 91 patients were enrolled into treatment	Limited	Only limited activities were done in Y1, substantial investments are planned for Y2
3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).	National APA 1	CTB APA 1	CTB APA 1 investment	Additional Information/Comments
Number and percent	2013: Children: Treatment success: 213/221 (96.4%) Adults: Treatment success: 5069/5811 (87.2%) Prisoners: Treatment success:	Total 88.6% (373/421) Children - 97% (66/68) Adults - 87% (307/353) Prisoners - U	Limited	Treatment success for prison for CTB area is not available

	107/122 (87.7%)			
3.2.4. Number of MDR-TB cases initiating second-line treatment	National APA 1	CTB APA 1	CTB APA 1 investment	Additional Information/Comments
Number	National (Y 2014): 804 out of 902 detected (89%)	CTB area (Y 2014): 91 out of 98 detected (93%)	Substantial	
3.2.7. Number and percent of MDR-TB cases successfully treated	National APA 1	CTB APA 1	CTB APA 1 investment	Additional Information/Comments
Number and percent	National (Y 2011): 250 (65.8%)	68,9% (62/90)	Substantial	
5.2.3. Number and % of health care workers diagnosed with TB during reporting period	National APA 1	CTB APA 1	CTB APA 1 investment	Additional Information/Comments
	0.5% (31/6,260)	1.3% (7/538)	None	
6.1.11. Number of children under the age of 5 years who initiate IPT	National APA 1	CTB APA 1	CTB APA 1 investment	Additional Information/Comments
	2,496	137	None	
7.2.3. % of activity budget covered by private sector cost share, by specific activity	National APA 1	CTB APA 1	CTB APA 1 investment	Additional Information/Comments

	N/A	N/A		In Tajikistan there is no private sector that covers activities or cost share within TB program. In Y1 there were no companies who provided cost share to CTB activities. This will be probably the same in Y2 and there is no concrete plan for working with private sector in this regard in the future.
8.1.3. Status of National Stop TB Partnerships	National APA 1	CTB APA 1	CTB APA 1 investment	Additional Information/Comments
	1	N/A	None	National Stop TB Partnership was established in 2013 with technical assistance of the European TB coalition and Project HOPE. However the body does not meet regularly and no deliverables were produced
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources	National APA 1	CTB APA 1	CTB APA 1 investment	Additional Information/Comments
	N/A	N/A	None	CTB is planning to provide local partners with funds under the project starting from Y3 (mostly for OR), therefore the targets will be set in Y3 and beyond accordingly (please also see indicator 10.2.6 below)
8.2.1. Global Fund grant rating	National APA 1	CTB APA 1	CTB APA 1 investment	Additional Information/Comments
	1) Grant TAJ-809-G09-T (obtained in Round 8 and extended through TFM; PR: UNDP) - B2 2) Grant TAJ-	N/A	None	Currently, two Global Fund TB grants are active in Tajikistan: 1) Grant TAJ-809-G09-T (obtained in Round 8 and extended through TFM; PR: UNDP) and 2) Grant TAJ-304-G02-T (obtained in Round 2 and extended through RCC I and II; PR: Project HOPE Tajikistan). The end date of both grants is December

	304-G02-T (obtained in Round 2 and extended through RCC I and II; PR: Project HOPE Tajikistan) - A2			31, 2015. The Republican Center of Tuberculosis Control (RCTC) and Project HOPE Tajikistan have been nominated by the CCM as the Principal Recipients of the NFM grant funds
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	National APA 1	CTB APA 1	CTB APA 1 investment	Additional Information/Comments
	U	U	Substantial	The data is not available as no activities related to drug management in Y1 were implemented
10.1.4. Status of electronic recording and reporting system	National APA 1	CTB APA 1	CTB APA 1 investment	Additional Information/Comments
	2	2	None	
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented	National APA 1	CTB APA 1	CTB APA 1 investment	Additional Information/Comments
	No	N/A	None	
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)	National APA 1	CTB APA 1	CTB APA 1 investment	Additional Information/Comments
	N/A	N/A	None	

10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)	National APA 1	CTB APA 1	CTB APA 1 investment	Additional Information/Comments
	N/A	N/A	None	
11.1.3. Number of health care workers trained, by gender and technical area	National APA 1	CTB APA 1	CTB APA 1 investment	Additional Information/Comments
	0	0	Substantial	Under CTB APA1 it was planned to train 100 specialists, but due to the short period of APA1 project implementation trainings were carried over to APA2
11.1.5. % of USAID TB funding directed to local partners	National APA 1	CTB APA 1	CTB APA 1 investment	Additional Information/Comments
	N/A	N/A	None	

Annex II: Status of EMMP activities

Year 1 Mitigation Measures	Status of Mitigation Measures	Outstanding issues to address in Year 2	Additional Remarks
1. Education, technical assistance, training, etc.	No environmental impacts anticipated as a result of these activities.	N/A	
2. Public health commodities	This category of activity is not included in Y1 Work plan	N/A	
3. Medical waste	No activity is planned in Y1 Work plan resulting in medical waste	N/A	
4. Small-scale construction	This category of activity is not included in Y1 Work plan	N/A	
5. Small-scale water and sanitation	This category of activity is not included in Y1 Work plan	N/A	

